

4
A MANUAL *of*
OBSTETRICAL NURSING

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NANCY E. CADMUS, R.N.

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A Manual of Obstetrical Nursing

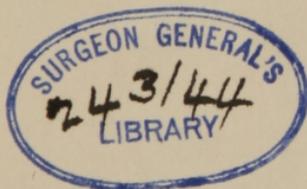
Prepared for Use in Connection with
Textbooks of Obstetrics

By

Nancy E. Cadmus, R.N.

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of the City of New York; former Superintendent of
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League of Nursing Education



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TO

ALL WHO BY PRECEPT AND PRACTICE ARE STRIVING TO
RAISE THE STANDARDS IN MATERNITY NURSING

ACKNOWLEDGMENTS

IN the preparation of a Manual of Obstetrical Nursing I have found valuable guidance in the following authoritative textbooks, by a close study of which I have supplemented my own acquaintance with principles and practices in obstetrics gained from long association with the work at the Manhattan Maternity and Dispensary:

The Standard Curriculum for Schools of Nursing, prepared by the Committee on Education of the National League of Nursing Education.

The Practice of Obstetrics, by J. Clifton Edgar, M.D. (Though primarily "designed for medical students and practitioners," this book has been most helpful in the verification and arrangement of the Nursing Manual.)

Obstetrics for Nurses, by Joseph B. De Lee, A. M., M. D.

My thanks are due Lydia E. Anderson, R.N., President of the New York State Board of Nurse Examiners, Frances Smith, R.N., Instructor of

Nurses at the Woman's Hospital of the City of New York, and Mary B. Dowling, R.N., my able assistant at the Manhattan Maternity and Dispensary, for their encouragement and for their helpful suggestions as to the arrangement of material.

To Anne A. Stevens, R. N., the former General Director of the Maternity Center Association, New York City, must be given full credit for the method of presenting the Division on Nurse Visiting, which will, I believe, prove to be one of the most valuable features of this Manual.

In endorsement of this *Manual of Obstetrical Nursing* as a type of book that should meet a distinct need, the following representative members of the medical and nursing professions have kindly consented to permit their names to be used:

J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery in the Cornell Medical College; Visiting Obstetrician to Bellevue Hospital, New York City; Surgeon to the Manhattan Maternity and Dispensary, New York City.

Anna C. Maxwell, R.N., B.A., Former Director of the Presbyterian Hospital School of Nursing.

Annie W. Goodrich, R.N., Sc.D., Assistant Professor of Nursing and Health, Teachers College, Columbia University, New York City; Director,

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Visiting Nurse Service, Henry Street Settlement,
New York City.

Elizabeth C. Burgess, R.N., Secretary to the Board
of Nurse Examiners, New York State Depart-
ment of Education.

Elizabeth A. Greener, R.N., President of the New
York State League of Nursing Education, Su-
perintendent and Principal of the School of
Nursing, Mount Sinai Hospital, New York City

FOREWORD

THE general intent and purpose of a *Manual of Obstetrical Nursing* may perhaps be best defined by borrowing these sentences from the Introduction to the *Standard Curriculum for the Schools of Nursing*:

"In sending out this Curriculum, the Committee desires to emphasize afresh its hope that there will be no failure to understand its purpose. It is not offered as a "model" curriculum. It realizes that, under the varying conditions existing in hospitals at present, a relative conformity is not attainable or advisable.

"The work of the professional nurse is practically the same in all the States of the Union, and it would seem perfectly evident that the training which is to guarantee a certain acceptable measure of competence, would need to follow somewhat similar lines, whether the nurse is trained in California or New York.

"The main difficulty is the lack of a clear understanding of what the function of a modern nurse is, or what the purpose and scope of her training should be.

"Nursing is in a very special sense a national service, and training of the nurse is a matter of vital concern not only to her hospital and to herself, but the country at large."

A résumé of the causes which led to the appearance of the present work and a statement of the conditions

which it is hoped the Manual may help to remedy will explain in large measure the scope and arrangement of the book.

Out of her experience as Superintendent of the Manhattan Maternity and Dispensary of the City of New York for a period of eleven years, during six of which (1911-1917) she served as a member of the New York State Board of Nurse Examiners, having the subject of Obstetrical Nursing assigned to her, there grew upon the author a conviction of the pressing necessity for improved methods in the teaching, study, and supervisory work of this branch of nursing.

Provision for acquiring proficiency in obstetrical and gynecological nursing is distressingly inadequate. The teaching of obstetrical nursing is conducted under one of two conditions,—either through affiliation with special maternity hospitals and maternity departments of large general hospitals; or as a part of the general course, in which latter case there is apt to be little or no physical separation of maternity from the general work of the hospital. The number of special maternity hospitals is comparatively small. Even with the addition of well-defined maternity divisions in the large hospitals, the facilities for meeting affiliations are insufficient. When instruction in this particular branch of nursing is given as

part of the general course, its value is lessened by the lack of proper physical separation of the work, noted above, and further by the frequent absence of a sympathetic attitude toward attempts to impart correct and related nursing procedures.

Failure to make proper provision for linking obstetrical nursing with that closely allied branch, gynecological nursing, is another serious handicap to the student nurse and one with which she often has to cope.

The imperfections and inadequacies of the usual course in obstetrical nursing are doubtless due to the astonishingly widespread belief that maternity is a simple, natural process, and that consequently a minimum of specialized training is required for the nursing of maternity cases. This limited and mistaken point of view is reflected by the young women entering the schools of nursing, whose attitude toward obstetrics is too often one of indifference or prejudice. They bring little interest to the course, and they are inspired with little interest in it. Happily there is evidence that the general public is awakening to a better understanding of the importance of this department of nursing. Such evidence is furnished in the increased demands for public health nursing in maternity cases; and all feel assured that support will be forthcoming for those who are

responsible for the training of student nurses in obstetrics, if they meet their responsibility by demanding higher standards in their departments. There must be a keener interest on the part of the instructors and the development in the instructed of an intelligent appreciation of the tremendous responsibility which must be carried by a nurse in this particular field of work.

Their own wrong approach to the subject, their underestimate of its importance, is not the only limitation imposed upon the progress of student nurses in obstetrics. The experience of the author has disclosed a prevalence among such students of a deficient knowledge of the anatomy concerned in child-bearing, with a further lack of good basic understanding of the fundamentals of physiology as related to pregnancy, labor and the puerperium. The result of such ignorance of fundamentals is a delayed correlation of theory and practice. The ability to closely associate the theory with the practice is peculiarly necessary in obstetrical nursing. The nurse may be most fluent in reciting the stages of labor, and woefully deficient in associating the theory with actual labor.

In no field of nursing should there be a broader regard for the psychology inherent in the experience of both patient and nurse than in the one under dis-

cussion, and here again there has been a distinct failure to meet the demands of the situation.

It is the purpose in teaching obstetrics, as in teaching any other subject, to instill in the mind of the student sound basic theory, but a peculiar difficulty is encountered in this department because of the sharp divergence of its theoretic basis from that of other branches of nursing. Here the theory rests primarily upon a hypothesis of perfect physiological conditions and the pathological is given second place: this is true of no other branch of nursing. General nursing presupposes the presence of disease; obstetrical nursing presupposes the absence of disease. Undoubtedly many of the difficulties in teaching obstetrical nursing are caused by the confusion of these facts.

The nurse to-day has a bigger opportunity and a larger responsibility toward the community than she has ever had before. Especially important is her work in the prevention of disease. But in no field does she deal so largely with the concrete as in active obstetrical nursing, and here her ability to exercise successful vigilance must depend upon her grasp of fundamentals, which should have been secured during her period of preparation.

Defective points in the ordinarily accepted training in obstetrical nursing may be noted as follows: the

comparatively few prepared instructors and supervisors, the limited and uncertain time devoted to this subject because of multiplicity of duties, inadequate teaching personnel, difficulty in holding permanent and efficient supervisory workers, and poor co-operation between supervisors and instructors.

As always, it is easier to detect the causes which lead to unsatisfactory conditions than it is to remedy such conditions, but the present Manual has been prepared in the earnest hope that it may supply the schools with an aid to a gradual development of these remedies.

N. E. C.

NEW YORK.
May, 1922.

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A Manual of Obstetrical Nursing

PART I

CLASS WORK

PART I

CLASS WORK

Introductory.

THE following outlines are believed to have potential value both for the instructor and the student in obstetrical nursing. They are so classified as to present systematically the anatomical, physiological and functional features of reproduction, with due regard to pathological conditions which may arise in the reproductive cycle. Following a natural order, prominence has been given to the physiological and normal, while the pathological and abnormal have been classed as disorders, complications and accidents.

In preparing the outlines, it has not been the intention to restrict the student to an arbitrary and rigid plan of study; on the contrary every effort has been made to inject sufficient elasticity of arrangement to permit of adaptation to local requirements. Division of the class work into twelve lessons has been made because that seems to be the maximum

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number that the schedules of the majority of schools can accommodate, but an expansion may easily be made.

Note: The nursing of obstetrical cases in the home should not be overlooked but owing to the limited number of lessons, it has seemed wiser to consider this phase of the subject under the head of Practical Demonstrations, where attention may appropriately be given to the development of procedure and ethics peculiar to that type of nursing.

LESSON I

PARTS AND ORGANS INVOLVED IN THE FUNCTION OF REPRODUCTION

The Pelvis.

- 1.—The bony pelvis { position
divisions
structure
- 2.—The soft parts { kinds of tissue
purposes
distribution
- 3.—Varieties of pelves { four chief ones
effects upon childbirth
causes
- 4.—Organs and parts composing internal and external genitalia.

The uterus	{	position	The ovaries	{	position
		structure			structure
		divisions			function
		size			
		function			

Fallopian tubes

Ligaments:—broad ligaments, noting surfaces covered by them, lateral terminations and the structures found between their folds.

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Carefully develop an understanding of what constitutes the external genitalia, also of organs and parts closely related to pregnancy, labor and the puerperium, *i.e.*, peritoneal pouches, perineum, bladder, rectum, etc.

5.—The parturient canal { extent
structure
shape
function

6.—Accessory organs,
the breasts { essential to life of infant
structure
function
nipples { normal
abnormal

Define:—true pelvis, false pelvis, brim, outlet, quadrants, reproduction, parturition, Accoucheur, congenital.

LESSON II

THE PHYSIOLOGY OF REPRODUCTION

- 1.—Ovulation; history of the ovum { unimpregnated
impregnated
- 2.—Preparation of the uterine wall for the impregnated ovum. Deciduae.

- 3.—Development of the embryo { early characteristics
source of nutrition and oxygenization
differentiation of parts { protective
nutritive
placenta { origin
structure
position
function
umbilical cord { structure
size and length
attachments
function

- 4.—Characteristics marking { termination of embryonic life
beginning of fetal life,

5.—Fetal circulation

- 6.—Puberty, its phenomena { physical
psychic

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- 7.—Menstruation—its manifestations { general
local
period
conditions influencing
- 8.—Menopause,—phenomena { physical
psychic

Question—What, if any, are the relations of menstruation and ovulation, and menstruation and impregnation?

- 9.—Physiology of fetus in utero { circulation
metabolism
digestion
oxygenation
assimilation
elimination

Define:—liquor amnii, term, conception and synonymous terms, embryo, fetus.

LESSON III

PHYSIOLOGICAL PREGNANCY

1.—Phenomena

Local	{	external genitalia	
		accessory organs, the breasts	
		salivary glands	
		vagina	
	{	uterus {	muscular tissue
			blood vessels and lymphatics
		size	
		weight	
		cervix	
General	{	circulation	
		eliminating organs	
		blood	
		nervous system	

2.—Diagnosis of pregnancy

Probable signs	{	morning sickness
		cessation of menses
		mammary signs
		pigmentation
Positive signs	{	palpation
		fetal heart sounds
		quickenings
		ballottement

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Uncertain and doubtful signs { reflex disturbances
 { changes in shape and size
 { pressure and congestive signs

Note:—presumptive tests, as that of blood serum should be noted.

In giving the above signs it must be borne in mind that authorities differ widely, particularly on the “positive” signs.

3.—Duration of pregnancy

4.—Methods of reckoning date of termination

5.—Hygiene and management { dress
 { diet
 { elimination { skin
 { exercise { kidney
 { mental attitude { intestine

6.—Viability { interruption of pregnancy before
 { interruption of pregnancy after

Define:—primigravida, primipara, multipara, pelvimeter.

LESSON IV

PHYSIOLOGICAL LABOR

A clear understanding of normal labor, its mechanism and conduct, is most essential to obstetrical nursing, therefore it is very helpful to have the lecture on the "mechanism of labor" closely associated with this lesson.

- 1.—The mechanism of labor { powers
passages
passenger
 - 2.—Positions and presentations
 - 3.—Warnings of the onset of labor, { lightening
reliability of these signs { show
pains
 - 4.—Rupture of membranes { early in labor
dry labor
desirable time
 - 5.—Stages of labor
- | | | | | |
|--------------------------------|---|-----------|---|---------------|
| First, or period of dilatation | { | phenomena | { | contractions |
| | | duration | { | progress |
| | | | { | bag of waters |
| | | | { | psychological |
| | | | { | primipara |
| | | | { | multipara |

LESSON V

NURSING CARE DURING LABOR

It would seem advisable to closely associate this with Lesson IV thus linking the nursing care with the conduct and management of labor.

1.—During first stage	protective measures	{	surroundings	
			patient	
	preparation of patient	{	nurse	
bathing				
elimination				
nourishment				
genitals				
clothing				
sleep				
freedom from needless restrictions.				
preparations for physician's examinations			{	records
				control of patient
	summoning of physician			
	2.—During second stage	{		where should patient be kept and why?
				further preparation of patient

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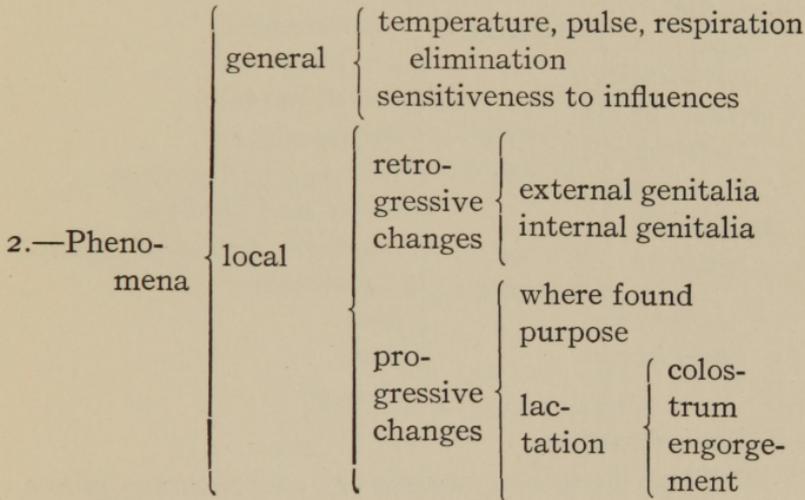
- | | | | |
|------------------------|---|--|------------------------------|
| 2.—During second stage | { | examination after rupture of membranes | |
| | | aids for patient | |
| | | preparation for repair work | |
| | | procedure if physician is not present | |
| 3.—During third stage | { | Special duties { | concerning general condition |
| | | | concerning the pulse |
| | | | concerning uterus |
| | | | and hemorrhage |

Questions of vaginal examinations, the giving of anæsthetics by nurses, calling of physician, or delivery by nurse if physician is not present, and duties in respect to infant, must be expected to arise, hence instructions on these points should be emphasized.

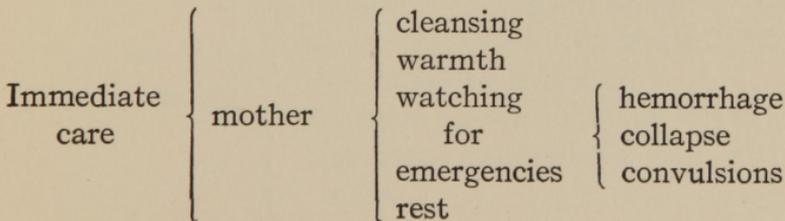
LESSON VI

PHYSIOLOGICAL PUERPERIUM

1.—Duration



3.—The nursing care being the outstanding factor in the management of the puerperium, and inseparable from its technic, this lesson is made to embrace both



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Immediate care	{	child	{	eyes warmth watching for emergencies sleep	{	mucous asphyxia
	{	asepsis	{	mother nurse		
	{	dressings	{	intervals utensils equipment use of gloves use of binders		
	{	special features	{	surroundings care as a bed patient bowel and bladder douches, enemata, cathe- terization diet sleep visitors		

4.—Care of sutures

Define:—lactation, colostrum, meconium, lochia, galactorrhea, agalactia, engorgement.

LESSON VII

THE NEWBORN CHILD, ITS CARE DURING FIRST WEEKS OF LIFE

- | | | |
|---|---|--|
| <p>1.—General phenomena at birth, and first hours of life</p> | <p>establishment of respiration due to</p> <p>further physiological changes</p> | <p>{ stimulation of nerve centres</p> <p>{ changes in circulation of blood</p> <p>{ digestion</p> <p>{ excretion</p> |
| <p>2.—Hygiene and management</p> | <p>{ from birth to first bath</p> <p>{ the bath</p> <p>{ care of cord</p> <p>{ surroundings, warmth, light, air, dress</p> <p>{ bowel and bladder</p> | |
| <p>3.—Technic of infant nursing</p> | <p>{ first 24 hours—number of feedings, intervals and use of water</p> <p>{ second 24 hours—as above and use of supplied foods</p> <p>{ from third day on—number of daily feedings, intervals for day and night</p> | |

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- 3.—Technic of infant nursing { preparation of infant for feedings
preparation of mother for feedings
overfeeding
underfeeding
- 4.—Nursing measures { when infant fails to nurse—causes
when milk is insufficient
when milk is too abundant
- 5.—Contra-indications to breast feeding
- 6.—Composition of human and cow's milk
- 7.—General points { obtaining breast milk for analysis
determining effects of { weight
the nursing upon in- { bowel
fant { bladder
method of obtaining daily average
secretion
capacity of infant's stomach

Define:—meconium, caput succedaneum, suture, fontanel.

LESSON VIII

PATHOLOGY OF PREGNANCY

1.—Conditions bordering on the patho- logic	{	nausea and vomiting	{ simple persistent
		oedema	
		varicosity	
		syncope	
		pains in abdomen	
		psychical	
2.—Accidents of pregnancy	{	prematurity	{ abortion miscarriage premature labor
		hemorrhage	
		placental detachment	
		placenta	{ symptoms treatment
		prævia	
		ectopic gestation	
		toxemia with	{ causes symptoms treatment
		or without	
		eclampsia	
3.—Complications of pregnancy	{	eclampsia	{ symptoms rules as to light, noise, etc. effect upon fetus prognosis for both mother and child treatment

Define:—gestation, parturient, moulding, rotation.

LESSON IX

PATHOLOGY OF LABOR AND THE PUERPERIUM

I.—Variations found in labor	{ due to maternal condition	{ pelvic deformities age previous pelvic surgery precipitate labor diseases parturient tract delayed labor
	{ due to fetal conditions	{ faulty position faulty presentation prolapse of cord abnormalities { length of cord { insertion coiling malformations, deform- ities oversize
	{ due to pla- cental condi- tions	{ implantation { low placenta prævia diseases detached
2.—Compli- cations of the puerperium	{ hemor- rhages	{ post- partum { primary secondary causes { general local symptoms treatment

2.—Complications of the puerperium	} infections	} genitals	{ extension by continuity extension by lymphatics extension by veins effects
		} breasts	{ causes varieties symptoms treatment effects upon nursing infant

3.—Embolism

4.—Puerperal mania

5.—Rectal and urinary troubles

6.—Define:—mastitis, puerperal, thrombosis.

LESSON X

PATHOLOGY OF THE NEWBORN CHILD

1.—Premature birth	prematurity initial loss of weight general characteristics of premature infants physiological peculiarities as manifested in incubation	{ causes degree, and its effects { general appearance respiration cry swallowing size { compressibility of head susceptibility to heat, cold, light, as compared with full term child { heat making powers respiratory functions regaining initial weight susceptibility to traumas of labor { object management advantages
2.—Atelectasis Neonatorum		
3.—Asphyxia Neonatorum	{ causes degrees prognosis	{ asphyxia livida asphyxia pallida

- 4.—Indigestion { causes { too frequent nursings
irregularity
too rapid feeding
exposure to cold
symptoms { colic
vomiting
constipation
diarrhoea
gas
treatment
- 5.—Infection due to bacteria { eyes { conjunctivitis
ophthalmia { origin
neonatorum { treatment
navel
respiratory tract
gastro-intestinal
cutaneous pustules
blood abscesses
erysipelas
- 6.—Infections due to fungi { aphthæ { prophylaxis
characteristics
treatment
thrush { prophylaxis
characteristics
treatment
- 7.—Hemorrhage { general
navel
bowel
mucous surfaces
- 8.—Injuries due to { operative delivery
precipitate birth
delayed birth
- 9.—Define:—jaundice, caking of breasts, convulsions.

LESSON XI

OBSTETRIC SURGERY

The fundamentals of nursing technic in obstetric and general surgery are precisely the same, but in order to be an efficient assistant in obstetric surgery, the nurse should be well versed in the characteristics peculiar to this type of patient, parts involved, and purpose of operation.

Operations preparatory to delivery

rupture of membranes

induction

manual and instrumental dilatation

incisions { cervical
 { vaginal
 { labial

version

pubiotomy

symphysiotomy

embryotomy

craniotomy

Operations for delivery

Accouchement forcé { dilatation
 { version
 { extraction

forceps { low
 { medium
 { high
Cæsarian section

Operations in placental stage

external pressure
manual extraction
instrumental extraction

Operations for injuries

cervix
vagina
perineum
rectum

Note:—In hospitals located in regions where graduates from their schools frequently attend confinements in the home, the training given student nurses should include special preparation for this type of work.

LESSON XII

SOME OTHER FACTORS IN OBSTETRICAL NURSING

1.—The patient

Diet { during pregnancy
during labor
during the puerperium

Certain diet controlling features in each of above periods.

Special exercises in the puerperium.

2.—The nurse

Dress { on general or floor duty { contact with infections
wearing on street
sleeves
shoes
wearing of rings
In operating or delivery room { special
covering of hair
use of face mask
shoes
use of gloves

Department { regard for psychology peculiar to parturient women
conversing over patient in labor
giving and receiving orders in hearing of patient

PART II
LECTURES

PART II
LECTURES

Explanatory.

In a course of ten lectures, exhaustive treatment of the subject of obstetrics cannot be expected, but as it is realized that some schools may be unable to present even ten lectures, the inclusion of a greater number in the suggested course does not seem to be justified.

The outlines for lectures found in the *Standard Curriculum*, pages 104-106, have provided the basis for a large part of the following plan. It is expected that the majority of the lectures will be given by members of the medical staff of any hospital using the Manual, and the purpose of these outlines is simply to suggest a plan of instruction.

OUTLINES FOR LECTURES

LECTURE I

Introductory

- 1.—History of obstetrics; its place in medicine
- 2.—Factors influencing heredity
- 3.—Purpose and scope of eugenics
- 4.—Birth control

Note:—With the wide publicity now given to child bearing and related subjects, young women are asking questions which should be answered by those fitted to do so.

LECTURE II

Reproduction

- 1.—As related to

{	the lower animals
	the human species
- 2.—Ovulation

LECTURE III

Anatomy of female pelvis

Varieties of pelvis as related to child bearing

Genitalia

{	external
	internal

LECTURE IV

Pregnancy

Physiological, its diagnosis and management

Pathological, its disorders and diseases

Note:—This affords the physician an opportunity to discuss the deeper physiological changes due to pregnancy.

LECTURE V

Labor

Theories as to cause

Its mechanism

Conduct

Anæsthesia

Nursing technic

Preparations for operative measures

LECTURE VI

Obstetric Surgery

Operative deliveries

Inducing premature births

Repair of lacerations

LECTURE VII

Accidents and Complications

In pregnancy, labor and the puerperium

Note:—These refer to both mother, fetus and child.

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LECTURE VIII

The Newborn Child and its Care

At birth

The first fortnight

Premature child

Incubation

General follow-up care

LECTURE IX

The Puerperium

Anatomical changes

Physiological changes

Pathological conditions that may arise

Note:—Include both mother and child in this discussion.

LECTURE X

Social Aspects of Obstetrical Nursing.

See Page 106—*Standard Curriculum*.

PART III

QUIZZES

PART III

QUIZZES

In the correlation of theory with practice, the value of quizzes cannot be overestimated.

It is suggested that, so far as circumstances will permit, the quizzes be given to small groups and clinical methods used. It is also recommended that they be associated with the lectures for the stimulation of the students' interest in the subjects presented.

Quiz I.—Use Lectures I and II as basis of this quiz.

Quiz II.—Prenatal nursing care.

Hygiene of pregnancy.

Ethics of the nurse's relation to medical responsibility.

Quiz III.—Obstetrical terms.

Nursing in the stages of labor.

Quiz IV.—Management of emergencies in pregnancy, labor and the puerperium.

Quiz V.—The psychology of obstetrical nursing, particularly "the principles that are the direct concern of the nurse."

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Quiz VI.—The care of the normal baby from birth to end of puerperium.

Responsibility of the nurse in promoting breast feeding.

General care of mother.

Artificial feeding and regulation of nursing periods.

Technic in preparation of artificial feedings.

PART IV
PRACTICAL DEMONSTRATIONS IN
OBSTETRICAL NURSING

PART IV

PRACTICAL DEMONSTRATIONS IN OBSTETRICAL NURSING

The practical demonstration has an established and undisputed value in any system of instruction in nursing procedures. The benefit to be derived by the student depends upon the recognition of such demonstrations as part of the curriculum and upon the careful supervision thereof.

Two considerations which must be accepted as modifying a special course of this kind are (1) the demands of the individual hospital in the care of its patients, and (2) the provision made for standardized instruction.

The reception and discharge of groups of affiliating students must necessarily be more or less subject to local conditions. A rule which is quite generally followed in arranging affiliated courses in obstetrics for undergraduates is to receive a new group semi-monthly, excusing at the same time another group which has completed the prescribed course. Ideally the introduction of new groups would be so arranged

as to free the students from the exigencies of the daily routine, but in practice this is, as a rule, impracticable. However, the following outline in use at the Woman's Hospital Post Graduate School for Nurses in the City of New York, presents an admirable plan of introduction under these more ideal conditions. (This schedule includes both obstetrical and gynecological nursing).

Where such a plan is not feasible, it is suggested that the demonstrations be given to small groups and made to fit into the regular routine so far as possible.

The accompanying outlines for demonstrations in details have been prepared with special reference to the system of admitting affiliating students at semi-monthly periods for a three months' course, a system followed by several of the special maternity hospitals in New York City.

WOMAN'S HOSPITAL POST GRADUATE SCHOOL FOR NURSES

Name _____

Grad. _____ 19____ School of Nursing of _____ Hosp.

City _____ State _____

CLASS	Class Room	Pupil Dem.	Surg. Wd.	Surg. Wd.	Ob. Dept.	Clinic	O. R.
Standardized Orders							
Hospital Beds							
Hosp. Stock Solutions							
Gyn. and Ob. Positions							
Prep. for Phys. Examinations							
Medicine Tray and Technic							
Thermometer Tray and Technic							
Hypo. Tray and Technic							
Giving Bed-pan and Pitcher Douche							
Enema—Simple							
Enema—Medicated							
Vaginal Douche							
Catheterization							
Cath. for Specimen							
Colonic Irrigation							
Harris Solution and Technic							
Saline Enema							
Proctoclysis							
Prep. for Hypodermoclysis							
Prep. for Infusion							
Surgical Preparation							
Care of Perineal Sutures							
Prep. for Surg. Dressings							
Removal of Sutures, Abd. and Per.							
Hosp. Binders							
Cupping							
Hot Packs							
Baby Baths							
Hot Fomentations							
Mustard Plaster							
Prep. for Stomach Lavage and Gavage							
Bladder Lavage							

DEMONSTRATION I

INTRODUCTION TO THE NURSERY AND THE BABY'S BATH

Introduction of the nurse through the nursery is advised because of the psychological effect produced by contact with the babies, very often a factor in securing "a radical change of attitude toward obstetrics." In this experience the nurse is brought to an actual realization of the distinguishing characteristic of obstetrical nursing,—that it is not "nursing in disease."

POINT ONE: Insistence upon systematic care of the nursery in respect to appearance.

Crib Beds.

1. Method of making
 - a.—care of bedding

{	soiled
}	unsoiled
 - b.—care of protector
 - c.—care of mattress
 - d.—care of frame
2. Method of airing
3. Method of making
 - a.—for open bed
 - b.—of opening without baby

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c.—for closed bed

d.—of opening with baby

POINT TWO: Instruction concerning use of *all means* of identification of baby.

POINT THREE: Regulations and use of scale with weighing blanket.

POINT FOUR: Assembling of articles necessary for bath and dressing of the baby.

The nurse

a.—care of hands and nails

b.—precautions as to position, etc.

The baby

a.—handling and position

b.—removal of garments

c.—inspection

d.—weighing

e.—preparation of bath water

f.—precautions.

The bath

a.—procedure

b.—care of cord and cord dressing

c.—indications for use of powder and method of applying

d.—indications for use of albolene

e.—observance of identifications

Dressing the baby

a.—putting on shirt

b.—diapering

c.—putting on gertrude and dress

Other points

care of mouth, nose, ears, eyes, nails,
hair, genitals and breasts.

care of articles and utensils after use

Tub bath

- a.—when indicated
- b.—temperature of water
- c.—position of baby
- d.—procedure.

DEMONSTRATION II

SUGGESTED PROCEDURE FOLLOWING DEMONSTRATION IN NURSERY

The importance of making an opportunity for incoming students to meet the Director of the school and the Superintendent of the hospital during their first day is evident. It is of course both natural and necessary that new students should meet the Director, but a formal recognition and welcome by the Superintendent will give them a sense of inclusion in the activities of the particular institution with which they are affiliated. Such a feeling can but react favorably upon their interest and their enthusiasm for the work.

During the visit to the school office, instruction should be given in local conditions and requirements, with clarifying explanations of administrative details peculiar to the hospital and the school.

DEMONSTRATION III

POSTPARTUM DRESSINGS

1.—Instructions concerning factors peculiar to the puerperal period

Lochia

a.—its characteristics

b.—its dangers { to mother
to baby
to nurse

Breasts

a.—colostrum

b.—lactation

Intervals between dressings

a.—what and why

b.—question of evacuation of bladder and bowel

2.—Preparation

a.—bed and patient

b.—use of draping sheet

c.—assembling required articles and utensils

d.—method of handling sterile dressings

e.—conveyance for waste

f.—preparation of the nurse.

3.—Procedure

a.—use of gloves?

b.—bed pan

c.—removal of soiled dressings

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- d.—cleansing of patient
- e.—placing of sterile dressings
- f.—after care of patient
- g.—after care of utensils, etc.

4.—Records

a.—time

b.—observations { lochia
fundus
the unusual

c.—excretions.

5.—When sutures are present

a.—special features

b.—precautions

c.—preparation of the nurse

d.—procedure

NOTE: Methods of procedure in perineal dressings vary greatly; simplicity is suggested.

DEMONSTRATION IV

CATHETERIZATION, ENEMATA, TREATMENTS, ETC.

The Mother

Students are expected to be familiar with any procedure required in general nursing, and the purpose of this demonstration is to develop points peculiar to obstetrical nursing.

1.—Catheterization

- | | | |
|--------------------|---|-------------------------------|
| a.—before delivery | { | special dangers |
| | { | special precautions |
| b.—after delivery | { | lochia |
| | { | difficulties peculiar to this |
| | { | type of patient |

2.—Enemata

- | | | |
|--------------------|---|----------------|
| a.—before delivery | { | precautions |
| | { | difficulties |
| | { | observations |
| b.—after delivery | { | special points |
| | { | precautions |
| | { | observations |

3.—Douching

- | | | |
|----------------------------------|---|-------------|
| a.—preparation for intra-uterine | | |
| b.—vaginal | { | |
| | { | method |
| | { | precautions |

NOTE: While the giving of douches is being practiced less and less, nurses are still expected to give



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them in some instances. The nurse should not give intra-uterine douches.

4.—Treatments for

- a.—toxæmia
- b.—eclampsia
- c.—phlegmasia dolens
- d.—engorgement
- f.—mastitis { threatened
 { operative

5.—The baby

Irrigations

- a.—eyes { articles needed
 { position
 { methods
 { protection of nurse
 { precautions relating to baby

- b.—rectal { articles needed
 { position
 { precautions
 { temperature
 { observations

- Mustard bath { indication
 { temperature
 { amount mustard
 { method
 { after care

Lavage and gavage

NOTE:—Demonstrations of the various trays, fully equipped, are advisable.

DEMONSTRATION V

LABOR ROOM AND MANAGEMENT OF PREPARATION OF PATIENT

This demonstration is arranged on the supposition that the labor or stage room, and a separate delivery room are available.

Ideally the maternity patient should be apart from all other patients.

The usual practice is to keep private patients in their rooms until ready for final preparation and delivery. Ward patients are removed to stage room at the beginning of labor, and transferred to delivery table when first stage is well advanced. The ward patient is in mind when giving the following:

- | | | | | |
|---------------------------------|----------|-------------|---|-------------------|
| I.—Preparation of stage
room | { | furnishings | { | solutions |
| | | beds | | sterile goods for |
| | | utensils | | patient |
| | | { | { | emergencies |
| | articles | | | records |

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- 2.—First preparation of patient
- { general
 - { special field
 - { clipping
 - { shaving
 - { routine
 - { technic till second preparation
- 3.—Management
- { position of patient
 - { lying
 - { sitting
 - { walking
 - { special duties of nurse
 - { treatment
 - { nourishment
 - { temperature
 - { bowel
 - { bladder
- 4.—Examinations by physicians
- 5.—Membranes
- { ruptured
 - { dangers
 - { precautions
 - { intact
- 6.—Observations
- { general condition
 - { contractions
 - { bladder
 - { judging of progress
 - { records
- 7.—Emergencies
- { what to prepare for
 - { duty of nurse in each

DEMONSTRATION VI

DELIVERY ROOM. THE NURSE. PREPARATION OF PATIENT, ETC.

In maternity hospitals preparations for deliveries are routine and nurses usually receive the demonstrations individually and in actual preparation for the delivery.

Previous operating room service is indispensable for the nurse and the safety of the patient.

Immediately following a delivery the nurse removes all evidences and proceeds to "set up" for the next.

Special dresses and shoes are worn by nurses on service with labor cases.

1. Removal of patient to table { by whom ordered
may nurse judge
use of anæsthesia
given by whom
precautions
2. The clean nurse { preparation of hands
gloves
gown
cap
mask

DEMONSTRATION VII

PREPARATION OF BABY FEEDINGS

1. The milk {
 - choice
 - pasteurization
 - sterilization
 - general management

2. The room {
 - furnishings {
 - heat
 - light
 - plumbing
 - refrigeration
 - stock
 - utensils
 - daily care
 - conveyances for bottles

3. The routine {
 - nurse's dress, hands, hair, etc.
 - care of returned bottles
 - preparation of bottles for filling
 - care of utensils.

4. Special process in obtaining, caring for, and giving of breast milk

Note: No phase of obstetrical nursing should receive more detailed and exact demonstration of method than that pertaining to the feeding of the infant.

All formulas are naturally of local determination, but every nurse should be thoroughly taught the technic of preparation and use.

DEMONSTRATION VIII

GYNECOLOGICAL NURSING

Introductory.

Strictly speaking, this field of nursing deals with disease, but because the affected organs are those concerned in reproduction, and because gynecological measures are frequently indicated in cases of child bearing, familiarity with the requirements of gynecological nursing is an essential qualification for obstetrical nursing. Therefore outlines for a practical demonstration in gynecological procedures, prefaced by a brief quiz, are presented.

QUIZ

- 1.—Define gynecology
- 2.—Nature and causes of disease in the reproductive organs
- 3.—Explain the linking of gynecology and obstetrics.

DEMONSTRATIONS

Demonstration of the preparation of the patient for gynecological examinations, treatments and operations.

- | | | | |
|-----|--|---|---|
| 1. | Positions and drappings | { | squatting
dorsal
Sims
knee chest
standing
Trendelenburg
Fowlers |
| 2.— | Contents and arrange-
ment of trays | { | solutions
medications
sterile articles
enemata
catheterization
douches
infusion
hypodermoclysis
emergencies |
| 3. | Instruments
and
appliances | { | names and uses
holding Sims speculum
special precautions in use of instru-
ments
tampons and pessaries |
| | | { | preparations
purposes
dangers |
| 4. | Treat-
ments | { | giving of bedpan for ordinary evacua-
tions of bowel and bladder
douches |
| | | { | vaginal
intestinal
vesical |
| | | { | patient
purpose
dangers and pre-
cautions |

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4. Treatments
- methods of giving saline
 - enema
 - protoclysis or Murphy method
 - hypodermoclysis
 - infusion
 - sutures
 - care
 - removal
 - tamponing

Note: The number of demonstrations to be given from the foregoing outlines is left to the judgment of the users.

PART V
MATERNITY NURSE VISITING

PART V

MATERNITY NURSE VISITING

Introductory

The conception of a hospital as an institution intended solely for the treatment of the sick is fast giving way to the broader vision of a community health center. The public has been educated to the expectation that the hospital organization will not rest content with its efforts to cure the disease that is brought to its doors, but that it will guide and actively assist the community in avoiding disease. The visiting nurse plays a most important part in the modern plan for carrying health training from the hospital into the home and it is possible in connection with any recognized school of nursing to arrange for some form of undergraduate nurse visiting.

Such arrangements for undergraduate nursing prove doubly beneficial. They help the community and they also help the student nurse by separating her for a period from the atmosphere and routine of the hospital and placing her in a position to put theory into practice. The "social vision" which she

develops in her work is an immediate stimulus and should prove a continuing incentive.

But a service of this type should never be regarded as apart from the most careful and certain control, nor should it be exploited. It is imperative that complete medical co-operation be secured, without which the service would better be abandoned. And above all, it must always be borne in mind that the nurse is an undergraduate, one of a student body. Supervising nurses who have not yet secured a wide, practical experience are apt to overlook this point.

In cities and towns where some form of nurse visiting is already organized, affiliations for undergraduates suggest themselves, but where no organized staff of graduate nurses exists, some plan must be evolved whereby the hospital and school authorities are in direct control.

Many communities can supply agencies through which a system of undergraduate nurse visiting may be developed, as for example town and country nursing service; nurse visiting in connection with the great insurance companies; school nursing; industrial interests; State Board of Health centers; and doubtless many others peculiar to given communities. When such agencies are not available, the hospital itself should initiate some practical system. If the problem of financing the scheme presents difficulties,

they will probably not prove insuperable, as private individuals are nearly always to be found who will assume this responsibility, if thereby the community can be benefited.

This particular field of nursing must of necessity be bounded, so to speak, by local conditions. Hence the following precepts (based in large measure upon the experience of the Maternity Center Association and the Henry Street Settlement Home Nursing Service) are submitted as suggestions, rather than rules.

General Suggestions:—

1. Avoid any breach of ethics in respect to medical, hospital, or any other nursing service, conducted with a patient.
2. Avoid being perfunctory. Determine visit by degree of responsiveness exhibited by patient, *i.e.*, do not force a visit upon her.
3. Gain a knowledge of social agencies.

Note: For the undergraduate this knowledge is mainly necessary in enabling her to realize that suitable care can be provided for the needy patient even if outside the intention of the nurse's particular hospital.

4. *Co-operation*—winning patient to accept methods suggested.
5. Adaptation of hospital routine to altered condi-

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ditions as found in the home. Base all procedures upon the *principles* of nursing technic, but be adaptable.

6. Realization of the power of example in acts of nursing. Remember the patient is even a keener critic than the head nurse.
7. Reports. Teach the object and value of carefully prepared reports.

Prenatal Visits:

Objects:

1. To make observations in relation to patient's environment.
2. To gain patient's confidence, and learn what causes mental disturbances, if any are discovered.
3. To make plain the harmful reactions of mental disturbances upon the physical conditions.
4. To teach patient the possible reactions from unhygienic living upon the expected baby.
5. To teach the expectant mothers what to look for as the lying-in period approaches.

Delivery:

The nurse is present as the doctor's assistant. She is responsible for her nursing technic, the doctor is responsible for the delivery.

Note: Thorough training in the principles of obstetrical nursing, a previous delivery room

service, and adaptability to home conditions are indispensable.

Postnatal Visits:

1. By example, teach the mother the essentials of her own care.
2. Again by example, teach the mother how to care for the baby, emphasizing the importance of regularity in its training.
3. Urge post-partum examinations and the getting and preserving of birth certificates.
4. Observe and aid the mother while she, for the first time, bathes the baby.

The actual realization that a certain theory can be put into practice is far more stimulating to a student than consideration of the theory in the abstract. Therefore it is believed that the most effective way to teach the undergraduate just what results *can* be accomplished by the visiting nurse, is to show her what results *have been* accomplished.

The urgent necessity for spreading the gospel of health conservation, particularly as it involves maternity cases, calls for systematic, organized effort. Every community needs to be educated to a sense of individual and civic responsibility for the protection of mother and child life; and this education must be given by properly qualified and efficiently organized agencies. Whenever service of this char-

acter is undertaken, the visiting nurse is discovered to be practically an indispensable unit in the organization. Thus the importance of the nurse to the work and the importance of the work to the nurse seem to justify a departure from ordinary textbook conventions and the inclusion in the Manual of a sketch of the current activities of a particular group of specialized workers.

The concrete example chosen to illustrate for the student the opportunities and responsibilities for which her instruction is fitting her, is the Maternity Center Association of the City of New York. Before detailing the methods by which the Maternity Center Association meets the situation, however, it seems wise to explain briefly just what the situation is which has to be met and what the demands of that situation are.

SOME FACTS ABOUT THE NEEDLESS LOSS OF LIFE IN CHILD-BIRTH

(Supplied by the Federal Children's Bureau of the
U. S. Department of Labor and the New York
City Department of Health)

*Maternal Deaths.*¹

1. More women of child-bearing age (15 to 45)

¹ Note: It should be noted that the figures are not of very recent date.

die in the United States from causes incident to child-bearing than from any other cause except tuberculosis. For women, maternity is a scourge second only to the White Plague.

Infant Deaths.

1. 12,657 babies under 1 year of age died in New York City in 1918, 35% of these died as the result of conditions arising before birth or accidents at birth, mostly *preventable*.
2. 5,818 babies under 1 month of age died in New York City in 1918. 75% of these died as the result of conditions arising before birth or at birth, largely *preventable*.
3. The number of still-births reported in New York City in 1918 was 6,793. Only a small porportion are reported and the total loss of life including miscarriages and interrupted pregnancies is very much larger. Hundreds of these losses are *preventable*.

THE PROPOSED REMEDY

Careful physicians have so developed the methods of caring for their private cases that maternal deaths from causes related to child-birth are rare in their practice. The basic method used has been *early examination and supervision throughout the whole*

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period of pregnancy combined with *aseptic delivery* and adequate *after-care*. These same methods have also markedly reduced the number of infant deaths from causes arising before birth and at birth, the number of still-births and the number of miscarriages.

The Ideal.

Every pregnant mother should be brought under medical and nursing supervision; every child born should have proper care before birth, at birth and during the days immediately following birth; the methods by which the obstetricians have proven they can reduce the maternal and infant death-rates among their private patients should be applied generally to the population, to those who can afford to pay for medical service and to those who cannot.

The Method.

1. Conduct an educational campaign to teach all men and women the need for, and the value of, maternity care.
2. Urge the adoption of a uniform high standard of prenatal supervision, obstetrical methods and obstetrical nursing practice by the social agencies and health agencies working on maternity problems throughout the given community.

After this preliminary statement of present facts, proposed remedies, ideal conditions, and suggested methods in approaching the ideal, it is in order to describe the operating machinery by which the Maternity Center Association deals with facts and works for better conditions.

Some of the routines of the Maternity Center Association naturally apply to a special field, but are sufficiently general to serve as illustration and suggestion in almost any well-defined field.

EXHIBIT I

CLINIC ROUTINE

Conduct your clinic so as to assure privacy to each patient examined, and the same treatment which she would receive if she were the only patient in the office of one of our best obstetricians. Wear your graduate uniform during clinic and office hours.

NURSE'S DUTIES

1. Preparation of Clinic Room: pads of doctor's record slips, pencils, examining table, side tables, sterilizer, basins, instruments, supply of clean dry gloves, Department of Health materials for taking Wassermann cultures and smears, cotton balls, tampons, throat sticks, sheets, pillow cases, sounding towels, adequate supply of clinic drugs, solutions, thermometers in glass full of 50 per cent alcohol, jar of cotton. To be ready one-half hour before the time set for clinic.

2. Preparation of Dressing Rooms for patients. Screens or curtains arranged to form individual dressing rooms, a sufficient number of clean clinic

gowns, separate chair provided for each patient to leave her clothes on, unless room is provided with racks or hooks.

3. Preparation for Urinalysis. Unless the urinalysis is made so near the toilet that the waste urine may be thrown directly into the toilet, a covered pail is to be provided, one-quarter full of 1 per cent lysol solution. All waste urine and washings from the test tubes to be thrown into this pail, and under no circumstances is waste urine to be thrown into any sink or wash basin, even though the basin is not used for wash basin. Test tubes, sterno, litmus, acetic acid 2 per cent, funnel, filter paper, test tube holder, vessel for collecting specimen, basin of 1 per cent lysol solution and cotton balls for patients to cleanse vulva with before voiding, basin for used cotton balls, provision for patients to wash hands. To be in readiness one-half hour before the time set for clinic.

4. Preparation of the patient for examination. Each patient to completely undress, except her shoes and stockings, and to put on clean gown supplied by the clinic. Her shoes to be unfastened so that the doctor may examine her ankles for œdema, her temperature to be taken and a urinalysis made before the patient is seen by the doctor.

5. Assisting doctor in Examining Room. Make notes on the record pad at the doctor's dictation,

reminding him tactfully of any omissions made in his dictation. Conduct examination in the following order:

Head, chest, breasts, blood pressure, abdominal, foetal heart, measurements, ankles, vaginal, Wassermann's, and smears when necessary. Note: Preparation for vaginal examination. Sponge vulva with 1 per cent lysol solution, using four cotton balls. Give doctor fresh gloves for each patient. (The nurse, not the doctor, is responsible for the technic in the clinic room.)

If the doctor wishes to do a vaginal examination on a patient more than eight months pregnant, or one who is bleeding, take the same precaution as when examining a patient in labor; clip, scrub with green soap and water, then 1 per cent lysol, give doctor freshly boiled, sterile gloves.

6. Arrangement of Examining Room after Clinic. Soiled linen in laundry bags, fresh linen on tables, tables covered, all used instruments to be washed (scrubbed when necessary), boiled five minutes, dried and put away; all gloves used to be washed in cool water and green soap and thoroughly rinsed, wrapped in a towel, dropped in boiling water and boiled five minutes, then dried, powdered and put away in a clean towel ready for use at the next clinic. Solution basins to be emptied, washed and dried; all waste to

be securely wrapped in newspaper and put in the house garbage can. Supply of drugs to be checked and replenished when necessary.

7. Records. All doctor's record cards to be written up and filed; Maternity Records to be filed in date file before the nurse goes off duty.

DOCTOR'S DUTIES AS OUTLINED ON DOCTOR'S RECORD

1. One complete physical examination, including head, heart, lungs, breasts, blood pressure, abdominal examination, foetal heart, pelvic measurements, vaginal examinations, Wassermann, and G. C. smear on all patients with a suspicious history.

Notes on this examination to be dictated to the nurse.

2. Blood pressure; abdominal; urinalysis; on return visits and notes on such other observations as she may wish to make.

3. One post-partum examination on every patient; including a statement on general condition; examination of the breasts; vagina; uterus; perineum; and notes on the result of any intercurrent disease.

4. Recording advice given to patient.

5. Instructing patients when to return to see the doctor.

Note: All patients not registered with a hospital

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or private doctor to be seen by the clinic doctor once a month up to the seventh month, and once in two weeks or oftener as case requires thereafter.

Duties of Clinic Assistants:

At those clinics where a lay woman acts as assistant to the nurse, the following duties (and no others without special permission), may be assigned to the assistant:

1. Greeting the patient, and from name on her card getting her Maternity Record from file and sending to nurse.

2. Taking temperature (a record of which is sent to the nurse on a scratch pad slip and copied by her on the doctor's record slip).

3. Urinalysis.

4. Helping patient to undress and dress.

5. Care of any children who may come with patients.

6. See that patients understand when to return and that cards are so marked before they leave.

CLINIC EQUIPMENT STANDARD

Requirements:

Room for examining and dressing screens, running water, gas, near a toilet, urinalysis facilities, good light:

Chair.....	I	Clips.....	q. s.
Desk.....	I	Ruler.....	I

Blotting Pad.....	I	Waste basket.....	2
Blotter.....	I	Hand blotters.....	12
Ink-well.....	I	Ink, red and black.....	
Penholder.....	2	Charities Directory.....	I
Pens.....		Map of Manhattan in Sanitary areas.....	I
Erasers.....		Report on vital statistics.....	I
Pencil.....	I	Babies' Welfare directory.....	I
Ink.....	I	Guide Cards, Baby Health Station.....	I
Red pencil.....	I		
Rubber bands.....			

Examining Room:

Table.....	I	Foot bench.....	I
Pad.....	I	Shelves or side table for supplies, etc.....	I set
Pillow.....	I	Erlemeyer flasks for green soap and lysol.....	2
Garbage pail.....	I	Medicine glass.....	I
Pelvimeter.....	I	Hand scrub.....	2
Tape measure.....	I	Rubber gloves, No. 7½, prs.....	6
Stethoscope.....	I	Absorbent cotton, lbs....	I
Spatula.....	100	String, balls.....	I
Hæmoglobinometer (Tahlquist).....	I	Sterilizer burner.....	I
Needle (skin).....		Metal shelf or table for gas sterilizer	
Wassermann sets from D of H ¹		Scott tissue towels.....	6
G. C. smear sets from D of H		Urinalysis outfit.....	6
Culture tubes from D of H		Test tube rack.....	I
Bandages (Ace).....	6	Test tubes.....	12
Sterilizer.....	I	Test tube holder.....	I
Tenaculum.....	I	Urinometer.....	I
Scissors.....	I		

¹ Department of Health.

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Bivalve speculum.....	I	Sterno.....	
Uterine dressing forceps..	I	Matches.....	
Blood pressure machine		Enamel measure.....	I
(Tycos).....	I	Dish (chamber).....	I
Thermometers.....	3	Litmus.....	
Thermometer glasses (I		Acetic Acid 2%.....	
for cotton).....	2	Toilet paper.....	
Enamel jars for tampons		Funnel.....	I
and pledgets.....	2	Filter paper.....	
Large basin.....	I	Covered pail.....	
Small basin.....	I		

Linen:

Sounding towels (for use		Dusters.....	6
in listening to F. H.)..	6	Gowns for patients.....	12
Sheets.....	6	Covers for tables.....	q. s.
Pillow cases.....	3	Laundry bags.....	2
Doctors' gowns.....	2	Towels.....	6

Sewing Bag:

Cotton 70		Tape measure	
Cotton 30		Tape	
Needles, assorted		Safety pins	
Thimble		Plain pins	

Drugs:

K Y		Alcohol	
Lysol		Iodine	
Green soap		Albolene	
Boro glycerine			

Breast Care:

Tray holding		Jar of cotton balls	
Castile soap in dish		Soft tooth brush	
Small bowl		Bottle of albolene	

Exhibition Table:

Patterns for baby clothes
Complete layette. Slip and petticoat open in back
Basket for baby bed
Pad (of Felt or Hair mattress)
Rubber
Pillow cases
Blanket (Crib)
Doll (baby) dressed
Suspender garter for mother; abdominal support with
garters
Patient's bed prepared for time of delivery, newspaper
pads

Toilet Tray:

Jar of boiled water (for washing mother's nipples)
Jar of oil (mineral oil best)
Jar of boric acid, 2%, for baby's eyes
Jar of breast swabs
Jar of small swabs
Absorbent cotton in container (hair receiver)
Soap in dish
Soap with safety pins, instead of pincushion
Jar for clean nipples
Bottle, nipple or cup and spoon for giving baby water
Bottle of boiled water (day's supply boiled fresh each
day) and kept corked
Newspaper cornucopia for waste.

ROUTINE FOR PRE-NATAL VISITS

First Visit: Get acquainted with the patient and get her confidence. Learn if she has made any arrangements for her care at time of delivery. If a doctor or midwife has been engaged, communicate with him or her. If the patient is registered with a hospital, or is under other nursing care, note that on your record, also on slip sent to Central Office. Always ask to see patient's hospital or clinic card, or any card which she may have been given by any nurse or other visitor. Give patient card.

Explain simply the reason for an expectant mother seeing a doctor and nurse early and regularly. Invite the patient to come to a clinic. Ask her in a general way about herself, when the baby is expected, other pregnancies and deliveries, and illnesses; other members of her family. Direct your conversation so as to get as much data as possible without asking a direct question. Do not attempt a full nursing visit unless the patient meets you more than half way. Every patient is to be encouraged to come to the clinic for as much of the nursing care as is possible for that individual woman. In the care of all patients it is the nurse's responsibility to make every effort to solve (by working with every existing agency) such home problems as might effect the

health of the mother or baby or disturb the mother's peace of mind.

Complete Nursing Visit: Ask the patient about any aches, pains, troubles of any kind, directing your questions to cover all items on record. Select a table, chair, machine top, or end of mantle, to use as work table, and place on it:

Newspaper for protection	Tycos
Paper napkin as cover	Bottle for specimen; or test
Nurse's soap, hand scrub	tube and holder
and towel	Urinometer
Watch	Litmus paper
Fountain pen	Acetic acid, 2%
M. Record	Sterno
Thermometer	Matches

Take temperature, pulse, respirations and blood pressure. To take blood pressure adjust sleeve, get radial pulse, pump until obliterated, let out air and read dial at moment pulse returns. See Tycos Manual for full detail. Wash thermometer thoroughly with soap and water, dry and return to case. Scrub hands. Inspect or demonstrate the care of nipples; to be done daily after the fifth month, not before. Use cotton ball (or soft tooth brush previously scalded and kept for this purpose). Scrub each nipple thoroughly with warm water and white soap, and dry with a clean towel. Apply albolene, pulling out the nipple. Do not handle breasts.

Listen to foetal heart. If unable to hear, make note on record. If foetal movements are felt by nurse, put an "x," if patient says she feels the baby move, put "xx" in space on record for recording foetal heart rate. Look for oedema, varicose veins. Do not take the patient's word for these symptoms. Apply bandage for varicose veins, and teach patient right angle position. Get specimen of urine, either to take to a station for examination or to examine at once for specific gravity, reaction and albumen, in accordance with instruction given on page 30, *Laboratory Technique*—Wood, Vogel and Famulener. Have the patient cleanse vulva before voiding, and void in clean vessel. Teach patient proper disposal of urine, emphasizing why kitchen sink is not to be used. If any abnormality in amount, color, specific gravity, or trace of albumen, report to the doctor, midwife, or hospital in charge of the patient, if the patient has engaged one. If not, use every effort to get the patient under care of doctor.

Teach patient to measure amount of urine voided in 24 hours. Tell her to void in toilet on getting up in the morning. Then, for the rest of that day and night and the following morning, to void in a suitable vessel and measure in a tomato can (in absence of suitable vessel), and keep count of how many times she fills the can.

On an early visit, examine teeth and show how to keep clean. Where possible, urge a visit to the dentist or dental clinic for prophylactic treatment. Explain that it is not wise to have extractions done during pregnancy without consulting a doctor, but that cleansing and temporary fillings may be done with much saving of teeth.

On one visit, as early as possible, ask to see the layette and advise about it, going over the list of baby supplies. Urge the patient to visit the clinic to see a model layette, and get help in the choice of materials and patterns. Note on the record if layette is not complete by the eighth month. Demonstrate the preparation of bed for the baby, made from clothes basket, soap box, or in a baby carriage similar to the model. If the patient is to be delivered at home, some time after the seventh month, ask to see the mother's supplies, going over the list. The patient should be advised against the use of oilcloth from the kitchen table as a bed protector, and especially urged to prepare newspaper pads like the model shown. Note on the report if the mother's supplies are not complete by the eighth month. Advise about the arrangement of the room for delivery, and demonstrate the preparation of the mother's bed like the model shown.

No treatment or medicine to be advised except in

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accordance with standing orders, private physician's orders, hospital orders and accepted routines (note on record which).¹

CONTENTS OF NURSE'S BAG

1 mouth thermometer	1 sounding towel in envelope
1 rectal " "	
1 baby scale	1 abs. cotton in envelope
acetic acid, 2%	1 scratch pad
1 test tube	addressed postals
1 test tube holder	advice to mothers
1 test tube brush	letterhead memo. pad
1 blue litmus	and envelopes
1 urinometer	cards
1 sterno	M. R.'s for patients to be visited
1 box matches	blank M. R.'s
2 specimen bottles	Prudential Ins. Co. Baby Primer
paper napkins	
soap and hand scrub in bag	1 Tycos blood pressure apparatus
1 flash light	3 Ace bandages
1 fountain pen	1 street directory.
1 Babies Welfare Directory	
1 Board of Health Station card	

¹ Note: The above implies prepared model layette, bed for baby, and lying-in bed.

NUMBER

DATE	CLINIC	ADDRESS	FLOOR	DATE OF LAST MENSTRUATION	DATE OF EXPECTED CONFINEMENT
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PHYSICAL EXAMINATION FINDINGS

HEART AND CIRCULATORY SYSTEM MURMURS	PULSE RATE	QUALITY	BLOOD PRESSURE		BRONCHIO-PULMONARY SYSTEM: FINDINGS BY		BRONCHIO-PULMONARY DIAPHRAGM
			DIASTOLIC	SYSTOLIC	AUSCULTATION	PALPATION	
MALFORMATIONS AND DEFORMITIES GENERAL	GLANDULAR TISSUE		BREASTS		REMARKS		
			NIPPLES	SECRETION			
FORM	ABDOMEN		OTHER FINDINGS		UTERUS	BALLOTMENT	
	STRIKE				SIZE	CONTRACTIONS	
PRESENTATION	FOETUS		FOETAL HEART		VENEREAL SIGNS		WASHERMAN
	POSITION	MOVEMENTS	POSITION	RATE	VAGINA	TAKEN	RESULT

REMARKS ON GENERAL CONDITIONS

ADVICE	INTERNAL MEASUREMENTS		CERVIX		URINALYSIS
HEIGHT OF FUNDUS	C. M.	DIAGONAL CONJUGATE	C. M.	POSITION	SPECIFIC GRAVITY
BETWEEN SPINES	C. M.	TRUE CONJUGATE	C. M.	ROTFERING	ALBUMIN
BETWEEN CRESTS	C. M.	HEIGHT OF BIPHRYBIA	C. M.	INTERNAL OB	CASTS
EXTERNAL CONJUGATE	C. M.	TRANSVERSE OF OUTLET	C. M.	INTERNAL OB	REACTION
LEFT OBLIQUE	C. M.	ANTERO-POSTERIOR	C. M.	LACERATIONS	SPECIAL
RIGHT OBLIQUE	C. M.	COCCYX		PERINEUM	

REMARKS ON MEASUREMENTS

ADVICE

EXHIBIT II

ADVICE FOR MOTHERS

Motherhood is natural and normal. If you do as the doctor and nurse ask you to, you have no reason to worry about having your baby.

Diet

Eat the food you are used to. Do not eat what you know gives you indigestion. Do not eat too much at any one meal.

Drink 8 glasses of water every day.

Drink all the milk you can.

Do not drink any beer, whiskey, wine or other alcohol. These hurt the kidneys and thus may poison the baby.

Eat meat, meat-soup or eggs and drink tea or coffee only once a day.

Sleep

At least 8 hours every night with windows open.

Exercise

Do your regular house work, but lie down several times a day if only for five minutes. If possible, take

a walk out of doors. Fresh air is good for your baby. If you cannot get out, keep the windows open while you work indoors. Do not do heavy work; it will hurt your baby.

Bathing

Wash all over every day with warm (not hot) water but do not get into a tub after the seventh month.

Garters

Do not wear round garters or any tight bands. The nurse will show you how to make suspender garters.

Constipation

If you are constipated, drink a cup of coffee (no cream or sugar) before breakfast, hot milk (not boiled) with breakfast, go to the toilet at the same time every day (after breakfast best). During the day eat coarse bread, green vegetables, stewed fruit, drink no tea, but all the water you can, at least 8 glasses, hot or cold. Cook 2 tablespoonfuls of senna leaves with a pound of prunes and eat four to six prunes every day. If you have hemorrhoids (piles) hold a cold compress to anus for five minutes after bowels move and do not let yourself get constipated.

Never take any cathartics unless your doctor, midwife or nurse tells you to.

Important

If you have severe headache, vomiting, spots before your eyes, if your face, hands or feet swell, let your hospital, doctor or midwife and nurse know at once.

Labor begins with pains in back or abdomen; with bleeding or watery discharge. If you have any labor pains or bleeding before the time you expect your baby, go to bed and send word to your hospital, doctor or midwife and nurse at once.

If you are going to the hospital, have ready after the 8th month one set of baby clothes, to take with you to put on the baby when you bring him home. Do not take anything else with you, the hospital will supply all you need. As soon as labor begins, go to the hospital.

If you are to be confined at home, as soon as labor begins send for the doctor or midwife. If the doctor is one of the hospital doctors, follow the directions on your card from the clinic.

While waiting for the doctor, boil a large quantity of water in a covered vessel and set aside to cool. Prepare your bed as the nurse has shown you, take

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a warm sponge bath, braid your hair in two braids, get out a set of baby clothes ready for the nurse to dress the baby. Get out supplies needed for yourself.

Mother's Supplies

2 Gowns	Cotton (absorbent)
1 Pair white stockings	2 Wash-cloths
4 Sheets	2 Towels
6 Bed pads	4 Oz. Lysol
Vulva pads or supply of freshly laundered old muslin	1 Bedpan

The bed pads are made from 6 thicknesses of newspaper opened to full size and covered with freshly laundered old muslin tacked in place. No other protection for bed is necessary. As a precaution, when possible, the entire mattress may be covered with oilcloth, not from the kitchen table, put on under the bottom sheet. See model at clinic. All washable supplies for mother and baby should be freshly laundered and put away in pillow-cases or clean, ironed paper until they are needed.

Baby's Supplies

The following is a list of the complete outfit of baby clothes and toilet necessities. It may be modified

as to material, quantity and quality to suit the individual taste and pocketbook.

- | | |
|--|---|
| 12 Diapers 18 x 18 inches | 1 Felt pad or folded blanket or hair pillow for mattress. |
| 3 Bands 6 x 27 inches | |
| 3 Shirts size 2, cotton and wool | 1 Oilcloth case for mattress |
| 3 Petticoats | 2 Muslin pillow-cases for mattress |
| 3 Slips | 2 Crib blankets, small size |
| 2 Squares 36 x 36 inches | 2 Towels |
| Note: The squares are used instead of coat and bonnet until the baby is more than 2 months old. See model at the center. | 2 Wash-cloths, old pieces of linen |
| 1 Oilcloth or rubber 12 x 18 inches | 1 Piece Castile soap. |
| 12 Large safety pins | 8 Oz. boric acid powder |
| 12 Small safety pins | 1 Package absorbent cotton |
| 1 Basket or box for bed 15 x 30 in. | 1/2 Pint oil—sweet or albolene |
| | 1 Package toothpicks |

Tray—fitted with:

Glass jar for boric acid solution

“ “ “ nipple swabs

“ “ “ oil

“ “ “ small toothpick swabs

Dish for soap

Cake of soap to stick pins in instead of a pin cushion

Hair receiver for absorbent cotton

Newspaper cornucopias for waste

Bottle and nipple for giving baby water

Covered pail of Borax water for soiled diapers
Jars for tray may be empty cheese, candy or jelly jars

Routine of Post-Natal Follow-Up Work

Purpose:

1. To follow patient until sure that she knows how to care for baby.
2. To supervise her condition until post-partum examination, which should be made not later than six weeks, nor earlier than four weeks post-partum.
3. To see that home conditions are so arranged as to give the mother the greatest possible rest.

Make as many visits as necessary, at least one each week, beginning as soon after delivery or discharge from hospital as possible. On each visit emphasize the necessity of post-partum examination, importance of getting and preserving birth certificate, and of taking baby regularly to Baby Health Station (unless under the care of a physician). Arrange for post-partum examination at the hospital where delivered (if hospital makes such examination) or at your own clinic (if hospital does not; if private doctor has discharged; if midwife delivered). If birth certificate has not been received when baby is one month old, take measures to secure it and deliver to patient. Arrange for mother to take baby to nearest Baby Health Station if such is available.

If any abnormality arises in the condition of the mother or baby, if a hospital delivery, report at once and carry out medical orders and advice; if a physician's delivery, report to him unless he has discharged the patient, in which case persuade the patient to call him again or to go to a dispensary; if a midwife delivery, explain the abnormality to her and have her persuade the patient to get a doctor or go to a dispensary.

Dismiss no patient until she has had a post-partum examination, or you are sure you cannot persuade her to have one. Dismiss no patient whose history suggests syphilis, without a Wassermann and arranging for treatment when report is positive, unless you are sure you cannot persuade her to have treatment.

The routine follow-up care is to be given to every patient cared for as a pre-natal patient, unless transferred to a hospital which gives such care itself; to a doctor who has refused permission to nurse his patients; or to other visiting nurse for post-partum nursing.

EXHIBIT III

Routine Care of Babies

Uniform Rules for Public Health Nurses to Use in Teaching Mothers

*(Approved by Committee on Health Stations, Babies' Welfare
Federation)*

Layette.

Diaper: 18 x 18 inches of flannelette or birdseye, hemmed. Diaper to be put on "square way."

Care of Diapers: Soiled diapers to be brushed clean under toilet flush before being put in pail.

Covered pail of borax solution (1 tbsp. to quart) to be kept, in which to put diapers unless they are washed at once.

Fresh solution to be made each day.

Diapers to be rinsed through two waters and dried. Twice a week all diapers to be boiled in soap solution, rinsed through three waters and dried. Never to be blued. Soap used to be Ivory or other mild white soap.

Band: Band of flannelette 6 x 27 inches, pinked on

edges to be used as long as cord dressing is necessary. If it is necessary to dress the cord, the nurse will apply only a dry sterile dressing of gauze unless otherwise ordered by physician in charge of case. Then to be replaced by woven band with shoulder straps and diaper tabs.

Shirt: A coat shirt of cotton and wool or silk and wool, or a Ruben shirt of cotton and wool or silk and wool.

Petticoat: A Gertrude of flannelette or baby flannel made either open down the back or opened on the shoulder.

Slips: A kimono slip of either flannelette or some thin white material made either open down the back or with a placket fastened with tapes.

Squares: 36 inch squares of flannelette or baby flannel to be advised to fold around baby instead of coat and bonnet until baby is three months old.

No socks or booties to be advised.

Pads: Quilted pad or diaper to be used to cover rubber or oilcloth 15 x 15 inches to be used under baby.

Toilet Tray.

Tray fitted with:—

Glass jar for boiled water (for washing mother's nipples).

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Glass jar for boric acid solution 2% (for baby's eyes).

Glass jar for nipple swabs.

Glass jar for oil (mineral oil best because it does not deteriorate).

Glass jars for small toothpick swabs.

Dish for soap.

Cake of soap to stick pins in instead of pin cushion.

Hair receiver for absorbent cotton.

Newspaper cornucopias for waste.

Bottle and nipple or cup and spoon for giving baby water.

Jar for clean nipples (nipple to be boiled after each using and put in dry jar). Hygeia or anti-colic nipples to be advised.

Bottle of boiled water (day's supply to be boiled fresh each day and kept corked).

Jars for tray may be empty cheese, candy or jelly jars.

Bath.

Bathe at least once a day in tub after the cord is off; on mother's lap or on table, before cord is off.

Eyes: Washed once a day, 2% boric acid solution. Lids not to be pulled open.¹

Mouth: Not to be washed unless ordered by doctor.

¹ No washing of eyes is widely advocated.

Ears and Nose: To be cleansed when necessary with small, well-made swabs, dipped in oil.

Buttocks: To be cleansed with oil, using cotton. Excess of oil to be wiped from cracks and creases. This procedure to be followed twice a day and after every stool. Retract foreskin when bathing baby.

Water.

3-4 ozs. daily. Given when convenient before bath and preparing for bed is suggested, but never immediately before or after feeding unless so ordered by doctor.

Nursing.

Advise 3-4 hour interval depending on size and vigor of baby, unless otherwise ordered by doctor.

Crib.

Crib to be any box or basket 30 x 15 ins. with hair pad or folded blanket (never feather pillow) for mattress, protected with oilcloth or rubber and put in pillow case, baby in one or more squares to be covered with crib blanket, small size. Specially made sheets not necessary because crib blanket is so small it is easily washed, or it may be slipped into pillow cases for protection if desired

Fresh Air.

Baby should be put out of doors, shielded from wind, or kept indoors with windows open, provided baby is not in draft.

A system must always meet the test of results, and the student who has been interested in the foregoing routines will naturally ask what the Maternity Center Association has accomplished by the use thereof. It is too early in the history of the Association to generalize to any extent upon the results of the work, nor is it ever easy to estimate values that are largely human and social, but the following statement gives definite, concrete information.

A preliminary report of the beginning of the analysis of cases closed up to December, 1920, shows a reduction in the maternal death rate for patients under the Association's care to one-third of the rate for the city at large; also a reduction in the deaths of babies and in still-births to one-half of that for the city. To quote from the report,—“This gives an exact measure of the value of the work.”

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